

FILED MAY 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 44007

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 255 | | PRIMARY REG. DIST. NO. 4387 | | Registrar's No. 14 | |
| 1. PLACE OF DEATH a. COUNTY Oregon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Fulton | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) HITON | | c. LENGTH OF STAY (In this place) 2 mo. | | c. CITY (If outside corporate limits, write RURAL and give township) MAMMOTH SPRING | | d. STREET ADDRESS (If rural, give location) 8030 E | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Selie b. (Middle) Jane c. (Last) Brady | | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1950 | | | |
| 5. SEX Fm | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Dec 30 1865 | |
| 9. AGE (In years last birthday) 84 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 11. BIRTHPLACE (State or foreign country) 9 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13a. FATHER'S NAME Jim Rogers | | 13b. MOTHER'S MAIDEN NAME Mollie Carroll | | 14. NAME OF HUSBAND OR WIFE Alex Brady | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Carrie Jenkins Altamir | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malicious hypertension DUE TO (c) Malignant hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH approx 2 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331x | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 10-20-50, 19 to 10-31-50, 19, that I last saw the deceased alive on 10-20-50, 19, and that death occurred at the from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Ambrose T. Walker M.D. | | | | 23b. ADDRESS Mammoth Spring Ark | | 23c. DATE SIGNED 11-2-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-2-50 | | 24c. NAME OF CEMETERY OR CREMATORY Davis | | 24d. LOCATION (City, town, or county) (State) Fulton Ark | |
| DATE REC'D BY LOCAL REG. Apr 28-51 | | REGISTRAR'S SIGNATURE Mrs WC Johnson | | 25. FUNERAL DIRECTOR'S SIGNATURE Hegginbotham Funeral Home | | ADDRESS Salem Ark | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 3 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.